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ABSTRACT

This report summarizes a 3-day symposium held to explore issues surrounding child-to-child sexual behaviors among preschool children. The participants included professionals from a range of fields--education, higher education, therapy, curriculum design, and training. The first part of the symposium involved an open exchange of issues and ideas on topics related to child-to-child sexual behaviors. The introduction discusses the purpose of the symposium, presents research on levels of child sexual behavior, examines sexual behavior problems, and debates possible courses of action. The second part of the report consists of reports from three working groups that made recommendations on specific areas within the general topic of the symposium. Group 1 was concerned with categorizing child-to-child sexual behaviors and understanding what causes a behavior to be problematic. Three categories of child-to-child sexual behaviors were devised: Developmentally Expected, Behavior Suggesting Dysfunctional Development, and a category between these two. Group 2 dealt with issues surrounding responses to sexual behaviors in child care settings, and reporting child-to-child sexual behaviors in these settings, emphasizing open and constant communication between child care staff and parents. The last group addressed topics surrounding teaching staff and discusses how to support healthy sexual development in young children, and how to respond appropriately to child-to-child sexual behaviors, emphasizing reflection on cultural differences in the appropriateness of behaviors. (BAC)

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CHILD-TO-CHILD SEXUAL BEHAVIOR IN CHILD CARE SETTINGS

Final Report
of the
Symposium
Denver, Colorado

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ABSTRACT

In April 1993, a group of experts from across the country met to discuss issues surrounding child-to-child sexual behaviors in child care settings. These professionals represent a range of related fields. Issues addressed at this symposium included developmentally expected and problematic sexual behaviors of preschool children, available research and possible intervention. Three working groups developed recommendations in three areas: intervention, categorizing behaviors and training of providers.

Much of the symposium was spent discussing the relationship between meeting legal requirements of reporting suspected abuse to the appropriate authority, providing support for healthy sexual development of children in the center, open communication with parents around healthy sexual development, and responding to problematic sexual behaviors. Training recommendations stressed that training about child-to-child sexual behaviors should be integrated into all early childhood education and training. Education in this area should concentrate on appropriate sexual development and not problematic behaviors. Resources need to be developed, collected and disseminated, and research conducted.

Symposium participants were very concerned about a lack of objective information in this area (for example, stages of sexual development and cultural and ethnic influences on expected behaviors) and acknowledged a lack of consensus regarding many important issues affecting child-to-child sexual behaviors of preschool children in child care settings.

EXECUTIVE SUMMARY

Professionals from a range of fields -- education, licensing, higher education, therapy, curriculum design, and training -- spent three days discussing a variety of topics related to child-to-child sexual behaviors in early childhood settings. Topics addressed included: stages of sexual development in young children, working with parents, working with state regulatory agencies, staff training, development of materials, responding to appropriate and problematic sexual behaviors, research on a range of related issues, observing children, and working with children who have experienced sexual abuse.

The three-day symposium resulted in an important exchange of ideas, some recommendations, and some areas of agreement. Participants wrestled with the dilemma that, on the one hand we have very limited resources, while on the other hand we have a great need to create policy, train staff, work with parents, and develop ways to support healthy sexual development in young children.

The symposium group realized that this activity is the first step in a long, multi-disciplined, extensive effort. Results of the symposium are not definitive, final or absolute. Rather, they reflect a diversity of issues and open exchange of knowledge and information, approaches, points of view and disciplines.

The symposium broke into three working groups, with three basic missions: Group I -- Appropriate child-to-child sexual behaviors, how to identify them, and delineating what causes a behavior to be considered problematic; Group II -- Issues surrounding response to sexual behaviors in child care settings, and reporting child-to-child sexual behaviors in these settings; Group III -- Training child care staff in the areas of child-to-child sexual behaviors.

Group I Categories for Sexual Behavior

Categorizing child-to-child sexual behavior is a difficult task, yet we need to be able to know which sexual behaviors of children fall into the appropriate range and which are problematic.

Caution is advised in this process. Of critical importance is understanding both the interaction between all children's behaviors and the importance of context in evaluating children's sexual behavior.

Three categories of child-to-child sexual behaviors were created: Developmentally Expected, Behavior Suggesting Dysfunctional Development, and a category between these two that includes any child-to-child sexual behaviors that do not clearly fit into the other two categories.

A child-to-child sexual behavior may be categorized under a more severe category than originally designated, based on the context in which it occurs. Such contextual factors include aggression and compulsiveness.

The purpose of enabling child care providers to categorize child-to-child sexual behavior into one of these three categories is to provide a tool which will assist providers in responding appropriately to all children's sexual behaviors, including the most common sexual behaviors which are developmentally expected.

Group II Reporting and Response to Child-to-Child Sexual Behavior

Parent communication, reporting to regulatory agencies, liability constraints, and program-specific policies were addressed by this group. The group believes in providing open and constant communication between the center and parents around all issues of child-to-child sexual behaviors -- developmental stages, appropriate behaviors, how to talk to your child, responding to society's messages, the center's policies on supporting healthy sexual development, and legal and regulatory agency reporting requirements.

This group detailed a sequence of steps to be taken after an incident of problematic child-to-child sexual behavior has occurred. Suggestions on working closely with regulatory agencies and other community-based agencies were made, and details about collecting relevant information about an incident were discussed. Of particular importance is the collection of data in an objective, unbiased manner.

Once a decision regarding the nature of the child's sexual behavior is determined, recommendations are provided for appropriate intervention. Central to the issue of responding to problematic child-to-child sexual behaviors is the health and safety of all children in the center.

One of the overall recommendations of this group is for across-the-board education on all issues related to children's sexual behaviors. Parents, staff,

administrators, regulatory agency personnel, and other community providers all need training.

Group III Training

The overall objective of any training in this area is the development of sexually healthy adults. Especially in early childhood settings, training should enable staff to support children's healthy sexual development.

All training of early childhood educators and providers should include children's healthy sexual development. National early childhood organizations should integrate this topic within their early childhood training and workshops.

Both core training and advanced training are outlined. Included in these trainings are content, approach, how to help participants respond to their own issues around sexuality, parent input, and cultural sensitivity.

Other recommendations of this group include conducting additional empirical research, involvement of regulatory agency staff in trainings, development of a cadre of knowledgeable professionals, and creation of a resource list.

Of particular importance to training in child-to-child sexual behaviors is the focus to be placed on appropriate behaviors, stages in sexual development, the relationship of sexual development with all other developmental stages, how adults should support healthy sexual development in children, and cultural and family influences on expected sexual behaviors.

Summary

The symposium produced a healthy exchange of ideas, issues, information and challenges around the topic of child-to-child sexual behaviors. The consensus of the group is that, despite a lack of empirical data about children's sexual behaviors, and despite a diversity of opinions about how best to address all of the issues surrounding this topic, we must cautiously move forward to support the healthy sexual development of children in early childhood settings, and respond appropriately to problematic child-to-child sexual behaviors.

Education -- of staff, parents, professionals, and regulatory agency staff -- is critical to this progress. Working closely with all community agencies, establishing a

center-specific policy, and having open communication with parents are also needed. All early childhood training should include healthy children's sexual development.

While all early childhood professionals need to recognize appropriate child-to-child sexual behaviors, and problematic behaviors, it is critical that our response to the issues and challenges surrounding child-to-child sexual behaviors stresses how we can support the healthy sexual development of all children.

INTRODUCTION

As more and more parents rely on quality educational and child care services for their young children, questions surrounding this institution arise. For a society that has traditionally cared for young children in the nuclear or extended family, it is not surprising that this radical shift to group care is accompanied by a range of questions and concerns. After all, these young children will be the future citizens of this country.

Providing quality care for young children in group settings has created a debate about who should pay for this care, how individual and cultural differences can be supported, what, in fact, constitutes quality care, and the government's role (standards, licensing, funding, etc.) in child care.

And, because child care settings are involved in an activity -- caring for children -- that is heavily influenced by community norms, family traditions and customs, and often religious values, conflicting points of view often converge in the early childhood profession.

Child care centers, and the professionals who work in and with them, have a responsibility to meet the needs of the children they serve, while supporting each child's parents and home climate. The challenge is to support the family, provide for the child's healthy development, and provide a consistent, supportive, healthy climate at the center.

Children's sexual development is a topic that reflects the diversity of home, community, and societal opinions and beliefs. Further, it is an area lacking a body of clear, objective data. Add to this our society's mixed messages about sexuality, and a concern about child sexual abuse, and we have a topic that poses challenges for every child care provider and program in the country.

In April 1993, professionals from a variety of related fields met for three days in Denver, Colorado, to openly explore issues surrounding child-to-child sexual behaviors in preschool children. Included in the symposium were child care providers, special education teachers, school administrators, university professors, medical doctors, clinical psychologists, family resource and family crisis administrators, specialists who have developed school curricula and staff training modules, experts

who evaluate and treat abused children, lawyers, regulatory agency staff, child care staff, and experts working for other related organizations.

This group of nationally recognized professionals was brought together to explore these issues because of a growing need for child care centers to support the healthy sexual development of young children, and to respond appropriately to problematic sexual behaviors of young children. Because child care settings have a responsibility to support the healthy sexual development of young children, and to provide for the health and safety of children, issues surrounding child-to-child sexual behaviors are critical to all involved with caring for young children.

The range of disciplines and expertise invited to this symposium reflects the wide spectrum of issues involved, and the need for a multi-disciplined approach. Further, it reflects the general lack of consensus that currently exists on this important topic.

During the three-day intensive symposium, the participants discussed a range of issues, problems and challenges for the field. The complexity and difficulty of exploring children's sexual development, appropriate sexual behavior, and the response of institutions and professionals to this behavior is due to a variety of factors, including:

- Many childhood professionals (teachers, administrators, professors, trainers) are not formally taught about children's sexual development.
- Each teacher of young children brings to the child care setting his/her own individual, family, and cultural thoughts, beliefs, and emotions about sex, and about children's sexual behaviors.
- Children who attend early childhood programs are exposed to more and more adult sexual activities through TV and videos.
- Child care centers serve children from an increasing variety of backgrounds. Consequently, children at these centers are exposed to a range of behaviors that may differ from those which are taught and reinforced at home.
- Parents have various approaches to teaching their children about sex, and to supporting their children's sexual development, based on the family's culture and religion, and the parents' own childhoods.

- Our society communicates mixed messages about sex, from sexually enticing TV commercials and TV programs filled with sexual innuendos, to a historically puritan attitude toward the subject.
- The recognition that appropriate sexual curiosity and exploration in young children is a natural developmental phenomenon is relatively new. Consequently, there is little agreement as to what constitutes developmentally appropriate sexual behaviors and which are problematic behaviors. There is also little agreement around how to intervene appropriately and how to support healthy sexual development in young children.
- Supporting appropriate sexual development in young children in child care settings necessitates an agreement of the role of the family and the role of the institution. Often that agreement does not exist.
- Because of child abuse concerns and the local jurisdiction of regulatory agencies, the role of these state agencies is often confusing to parents and providers.
- Regulatory agencies lack consistency in their approach to addressing child abuse reports.
- The potential of legal problems for providers tends to complicate issues of communication and openness.
- Possible child abuse at the home requires a balance between open communication between the program and the parents of children attending the program, confidentiality, and working with the regulatory agency.
- There is little scientific research to help guide practices and policies. And because of ethical, legal and logistical constraints, research in this area is difficult to conduct.
- We have almost no information on cultural differences in expectations of appropriateness of young children's sexual behavior.
- The subject is so influenced with assumptions about what is "right" and "wrong" or "good" and "bad", that it is difficult to be objective and helpful to practitioners.

- If values are defined by the community, and child care providers need to respond to community values, how do we define community, and how do we determine each community's set of values?
- When programs and agencies concentrate on teaching young children about sexual abuse prevention, the child's healthy sexual development can be negatively affected.
- Responses to children's problematic sexual behaviors often differ between parents, social workers, teachers, therapists and others involved.
- The automatic assumption that a child who engages in sexual behavior has been a victim of sexual abuse, has caused distrust between parents and professionals.
- We don't fully understand the relationship between the development of healthy sexual behaviors and emotional, social, cognitive and moral development.

Purpose of the Symposium

Provide people who are concerned about the issue of child-to-child sexual behaviors an opportunity to share ideas, speak to each other, and learn from each other:

1. Discuss the expected child-to-child sexual behaviors which can be developmentally appropriate at specific ages.
2. Develop recommendations around the areas of appropriate sexual development, training and intervention that reflect the values and expertise of the group.
3. Add information to the body of knowledge available to practitioners and professionals in early childhood and related fields.

The first section of this document reviews issues, ideas, points of discussion, and the general range of factors involved in child-to-child sexual behavior in child care settings. Following this section are reports from three working groups that concentrated on specific areas within the general topic of the symposium.

This report of the three-day symposium attempts to reflect the diversity, commitment, range of ideas, and useful information generated by the participants.

While it reflects our current knowledge and commitment, it is not to be viewed as a definitive, final document, but rather as a report.

CHILD-TO-CHILD SEXUAL BEHAVIOR SYMPOSIUM

The first part of the symposium involved an open exchange of issues and ideas on topics related to child-to-child sexual behaviors. Research was presented, problems discussed, and possible causes of action debated. Opinions and information presented in this section are those of individual presenters, researchers and participants.

The later sections that report group sessions are the opinions and recommendations of the specific working group.

Over the last few years researchers and practitioners have come to the realization that, just as children develop socially, morally, physically and emotionally, they are also developing sexually. Research and theory now indicate there are appropriate sexual behaviors in which children may engage at different ages. This realization has created a series of challenges for people working with young children: What are the appropriate behaviors at each age? How should professionals respond to inappropriate or problematic behaviors? What training in this area should early childhood professionals receive? What policies should early childhood programs set? How should programs communicate with parents about matters of sexual behavior of preschool children?

A central problem, when trying to arrive at answers to these questions, is a lack of a clear body of research in this field and a theoretical base on which to develop our knowledge and trainings.

Research Presented

Healthy sexual development is a complex developmental task for children. It is unknown which specific sexual behaviors are developmentally appropriate at certain ages. Below is a brief discussion of some research presented at the symposium that explores this issue. Not all relevant research was covered; it merely sets some for parameters of the symposium discussions.

Haugaard (1994), examined professionals' opinions about what constitutes appropriate and inappropriate sexual behaviors on the part of children ages four, eight

and twelve years. The intent of the study, which looked at boy-girl interactions, was to determine if there is agreement in this area among professionals. Three hundred and thirty-five people returned surveys.

Results of this research showed that the age of the children is a factor in whether a certain behavior is considered acceptable (genital fondling or looking at genitals at the four-year-old age was considered acceptable by most professionals, but less so at an older age). Results differed according to the gender of the professionals (more males than females found at least one behavior acceptable), and according to the professional group to which the person belonged (i.e., 4H leaders and rural teachers believed fewer sexualized behaviors were appropriate, while writers of material about children's sexual behavior believed that more sexualized behaviors were appropriate). (Table 1)

Most of the differences between the ratings of men and women, and between professions, occurred in regard to the eight-year-old children.

Table 1

Percent of Professionals Responding That a Behavior Is Acceptable, By Professional Group

	4-Year-Olds					8-Year-Olds					12-Year-Olds				
	4-H	Auth	Tchr	Ped	Thrp	4-H	Auth	Tchr	Ped	Thrp	4-H	Auth	Tchr	Ped	Thrp
Undressing together	79%	93%	85%	92%	100%	33%	66%	28%	53%	42%	14%	27%	0%	16%	14%
Showing genitals	64%	86%	65%	87%	93%	21%	52%	16%	40%	31%	11%	23%	0%	14%	15%
Fondling of nongenital areas	70%	75%	71%	66%	65%	42%	57%	44%	44%	41%	33%	44%	26%	35%	42%
Fondling of girl's breast area	22%	41%	22%	34%	32%	5%	20%	2%	14%	13%	11%	27%	2%	15%	15%
Fondling of genital or anal areas	12%	32%	13%	19%	18%	2%	11%	0%	5%	7%	8%	14%	0%	3%	7%
Oral-genital contact	1%	5%	2%	3%	5%	0%	2%	0%	0%	4%	0%	2%	0%	2%	2%
Digital penetration of vagina or anus	4%	5%	3%	6%	5%	1%	4%	0%	0%	2%	3%	5%	0%	2%	0%
Attemped or simulated intercourse	3%	7%	2%	10%	4%	1%	2%	0%	2%	4%	3%	5%	0%	3%	2%
Intercourse	0%	4%	0%	2%	2%	0%	0%	0%	0%	2%	0%	5%	0%	0%	0%

4-H Leaders $n = 106$; Authors $n = 56$; Teachers $n = 55$; Pediatricians $n = 63$; Psychotherapists $n = 57$

Results of the study suggest that as behaviors come to resemble adult-like sexual behaviors, they are seen as less acceptable for children. The results, as shown in Table 2, suggest that child-like sexual exploratory behavior is generally seen as

more acceptable, and that adult-like sexual behavior in children is seen as less acceptable.

In the same study (Haugaard, 1994) undergraduate college students were asked to report sexual experiences they had as children. Fifty-nine percent had at least one experience with another child before age 12. Males recalled more exposing of genitals at age 7-10, and 11-12, and more intercourse at 7-10 than did females. Otherwise there were no differences in recalled experiences.

Table 2

Percent of Professionals Responding That a Behavior is Acceptable (N = 337)

	4-Year-Olds	8-Year-Olds	12-Year-Olds
Undressing together	88%	42%	15%
Showing genitals	78%	31%	13%
Fondling of nongenital areas	69%	45%	35%
Fondling of girl's breast area	30%	10%	14%
Fondling of genital or anal areas	18%	5%	7%
Oral-genital contact	3%	1%	1%
Digital penetration of vagina or anus	4%	1%	2%
Attempted or simulated intercourse	5%	2%	3%
Intercourse	1%	0%	1%

Another study (Haugaard & Tilley, 1988) used questionnaires to ask 1,784 college students about their childhood sexual experiences that had the most meaning to them. Forty-two percent of the respondents reported a sexual encounter with another child before age 13. There were few demographic variables that distinguished between those who did have a childhood sexual encounter and those who did not. Most childhood sexual encounters happened with a friend. These encounters generally occurred at age nine and with a child about one-half year older. About 50% of these encounters were sexual hugging and kissing or looking at genitals. Most of the remainder were a form of fondling. Most of these encounters were heterosexual.

Dr. Haugaard suggests these studies point out that we need to think very carefully about what a sexual encounter involves. Adults may unconsciously impose their view of sexual behavior onto children's behaviors. The behavior itself may be less an indicator of its sexualized nature than a variety of other factors surrounding the behavior.

Since these studies involved college students and professionals as subjects, they reflect a fairly narrow demographic group. Cultural and ethnic factors were not addressed.

Is There More Sexualized Behavior in Preschool Today?

Dr. Toni Cavanagh Johnson reported a survey which asked a multicultural group of preschool teachers if they had observed an increase of sexual behaviors between preschoolers during their time in the field, which averaged six years. Thirty-three percent reported an increase, while 67% reported no increase.

An anecdotal account from a symposium participant, reporting on her experience with public school children, preschool through 12th grade, seemed to contradict this research. Other participants in the symposium also reported observing an increase in children's sexual behavior in recent years.

The question then becomes, are we experiencing more sexual behavior in young children, or is this behavior being reported more frequently?

When is Child-to-Child Sexual Behavior Harmful?

When does child-to-child sexual behavior become harmful? What is the difference between mutually agreed upon sexual behavior, sexual behavior where one child is initially the instigator, but then both children consent, and sexual behavior where one child remains the instigator? Is all child-to-child sexual behavior that occurs without pressure harmless? Does it make a difference if the child-to-child sexual behavior is between friends? What about when there is a large age difference between children involved in the behavior? These questions illustrate both the difficulty of defining appropriate and problematic sexual behaviors, and why factors surrounding the behaviors are critical. One of these factors is the age of the children involved.

In the article "Assessment of Sexual Behavior Problems in Preschool-Aged and Latency-Aged Children" (1993), Toni Cavanagh Johnson presents a chart that describes normal and problematic behaviors. The chart gives us an idea of the range of child-to-child sexual behaviors. This chart, in Figure I, has three columns: Normal Range, Of Concern, and Seek Professional Help. This chart is presented here as an example of current research, even though it differs somewhat from the later recommendations of the group.

Characteristics used to place behaviors into one of these three columns are:

1. Is the behavior engaged in by children of different ages or developmental levels? The wider the range, the greater the concern.
2. Is coercion, force, manipulation and/or threat involved?
3. Are the children involved friends or not?
4. Are fear, anxiety and aggression involved?
5. Does sexual behavior continue in spite of requests to stop -- does it show the children cannot stop, that they do not see the need to stop?
6. Does sexual activity dominate all other activities?
7. Do the children engage in the activity without any attempt to hide themselves?
8. Is the child more involved with sexual behavior than other children of his/her developmental age?
9. Do other children continue to complain about the child's sexual behavior?
10. Is the child confused about other children's rights to privacy and their right to resist his/her sexual behaviors?

Figure 1 - Behaviors Related to Sex and Sexuality in Preschool Children		
Normal Range	**Of Concern**	**Seek Professional Help**
Touches/rubs own genitals when diapers are being changed, when going to sleep, when tense, excited or afraid.	Continues to touch/rub genitals in public after being told many times not to do this.	Touches/rubs self in public or in private to the exclusion of normal childhood activities.
Explores differences between males and females, boys and girls.	Continuous questions about genital differences after all questions have been answered.	Plays male or female roles in an angry, sad or aggressive manner. Hates own/other sex.
Touches the genitals, breasts of familiar adults and children.	Touches the genitals, breasts of adults not in family. Asks to be touched himself/herself.	Sneakily touches adults, Makes others allow touching, demands touching of self.
Takes advantage of opportunity to look at nude persons.	Stares at nude persons even after having seen many persons nude.	Asks people to take off their clothes. Tries to forcibly undress people.
Asks about the genitals, breasts, intercourse, babies.	Keeps asking people even after parent has answered questions at age appropriate level.	Asks strangers after parent has answered. Sexual knowledge too great for age.
Erections.	Continuous erections.	Painful erections.
Likes to be nude. May show others his/her genitals.	Wants to be nude in public after the parent says "no".	Refuses to put on clothes. Secretly shows self in public after many scoldings.
Interested in watching people doing bathroom functions.	Interest in watching bathroom functions does not wane after days/weeks.	Refuses to leave people alone in bathroom, forces way into bathroom.
Interested in having/birthing a baby.	Boys interest does not wane after several days/weeks of play about babies.	Displays fear or anger about babies, birthing or intercourse.
Uses "dirty" words for bathroom and sexual functions.	Continues to use "dirty" words at home after parent says "no".	Uses "dirty" words in public and at home after many scoldings.
Interested in own feces.	Smears feces on walls or floor more than one time.	Repeatedly plays or smears feces after scolding.
Plays doctor inspecting others' bodies.	Frequently plays doctor after being told "no".	Forces child to play doctor, to take off clothes.
Puts something in the genitals or rectum of self or other due to curiosity or exploration.	Puts something in genitals or rectum of self or other child after being told "no".	Any coercion or force in putting something in genitals or rectum of other child.
Plays house, act out roles of mommy and daddy.	Humping other children with clothes on.	Simulated or real intercourse without clothes, oral sex.

Johnson, T.C. (1993)

Intervention

When should preschool teachers intervene with children involved in sexual behavior? And how should they intervene? Many teachers and child care providers are very confused on this issue. If a teacher initially considers a behavior a concern, administration should be notified and an assessment of that behavior should be conducted; then, based on the results of this assessment, the teacher should respond in one or more possible ways:

1. No further action is required. Teachers should stay observant and tell administration if they see anything else that increases concern.
2. Gather additional information from teachers and others who have been involved with the child, as well as from the children involved.
3. Call the local regulatory agency. Based on the initial evaluation, enough suspicion is present to warrant contacting the agency. One of the problems across the country is that regulatory agencies do not take reports on child-to-child sexual abuse that is not molestation and do not take reports on the child who is victimized.
4. Call parents of children involved in the behavior to discuss and coordinate a plan. Care must be taken here.
5. Increase supervision of the child who is a concern. This is required to protect the health and safety (physical and emotional) of other children.
6. Ask the child to leave the program. If the school doesn't feel it can protect the other children, then this action might be required.
7. Respond to the needs of the children who may have been affected by the child's sexual behaviors, including informing the parents of these children. Some regulatory agencies disagree with this step.
8. Provide classroom intervention, by way of discussion, behavior management, and activities that teach children about appropriate sexual development, according to the children's cultural and family values.
9. Institute prevention programs in the center to help children learn about their right to privacy, how to resist coercion, and what constitutes appropriate sexual behaviors, based on the children's age, home and community values.

10. Work with all the parents who have children in the center to help them understand what is occurring, the response of the center and regulatory agency, and whether the behaviors are developmentally appropriate.

Teachers, parents and regulatory agency staff need training in observing children's behavior, the contexts that affect children's behavior, and indicators that lead to a concern of problematic sexual behaviors.

Supporting Healthy Sexual Development in Children

Two critical tasks challenge us in providing a safe and supportive climate for appropriate sexual development of children in child care settings:

1. Determine young children's milestones in sexual development and how these milestones interact with other developmental stages, including moral development, and
2. Appropriately support healthy sexual development of children.

Culture, community and personal experiences have a powerful effect on which children's sexual behaviors are considered appropriate and which are not. Teachers are products of their cultures, communities and upbringing.

The tendency of our society to concentrate on problematic sexual behaviors constrains our ability to determine and support healthy sexual milestones. Yet, if we are not clear about the healthy milestones in children's sexual development and how to support them, how can we be sensitive, accurate and helpful in addressing the problematic areas? Concentrating on problematic areas prevents us from understanding the development of children's sexuality within their total development. We lack sufficient knowledge about healthy sexual development of children, what cultural and community factors influence them, how to support healthy sexual development, and how to intervene, when necessary.

The Importance of Context

In evaluating child-to-child sexual behaviors in young children the context of the behavior must be studied. A variety of contextual aspects should be considered, including frequency, duration, history, pattern of coercion, the child's home climate, responses of other children, and other behaviors of the child.

Child-to-child sexual behavior cannot be viewed in isolation of the total context in which the behavior occurs. This context can move a behavior into a more problematic category, such as from *normal* range to *of concern*, in the system developed of T.C. Johnson (Johnson, 1993). The critical issue of the context in which children's sexual behaviors occur came up time and time again during the course of the symposium.

The reluctance and inability of adults to report child-to-child sexual behavior is a reflection of their upbringing, our society's view toward the issue, and confusion about what constitutes problematic sexual behavior. Teachers and other professionals working with young children need to be encouraged to talk openly and professionally about issues around healthy sexual development, how to support healthy sexual development, and how to intervene when there is a suspicion of abuse, while being sensitive to the lack of agreement among professionals and parents around each of these areas.

Three Work Groups

The symposium participants were divided into three working groups to address three general areas:

Group I - Child-to-child sexual behavior of preschool children: appropriate behaviors, how to identify them, and what causes a behavior to be considered problematic. These behaviors occur within the early childhood setting. This group was headed by Jeff Haugaard, PhD.

Group II - Issues surrounding response to children's sexual behaviors, and reporting children's sexual behaviors that occur in child care settings. This group was headed by Toni Cavanagh Johnson, PhD.

Group III - Training to be provided for people in child care settings to enable them to support appropriate sexual development of young children, to communicate to parents about appropriate sexual development of young children, and to respond to problematic behaviors. This group was headed by Peggy Brick.

Group I - Categories for Sexual Behavior

This group was lead by Jeffrey Haugaard, PhD. It is important to be able to recognize sexual behaviors of preschool children that fall into the child's normal development. Inappropriate behaviors may indicate problems with the development of the child engaging in the activity or may adversely influence the development of another child involved.

Categorizing child-to-child sexual behavior is a problematic task. The difficulty of conducting methodologically sound research about the frequency and consequences of child-to-child sexual behaviors and solitary sexual behaviors, limits our knowledge about these issues. The diversity in community and family values regarding childhood sexuality and what children are taught about appropriate and inappropriate sexual behaviors limits our ability to confidently categorize an individual child's behavior.

Categorizing sexual behaviors of preschool children is even more difficult than categorizing the sexual behaviors of older children. Children before age six are in the early stages of their sexual development. Consequently, there is likely to be greater variability in preschool children than older children in the types of sexual behaviors in which they engage, and in their knowledge about the social inappropriateness of various types of sexual behaviors. Furthermore, labeling a child's behavior deviant is likely to result in the child's being regarded as deviant.

We have chosen a cautious approach to the categorization of children's sexual behaviors. Three categories have been created: the first includes behaviors that are generally developmentally expected; the third includes behaviors that, occurring even once, raise significant concerns about the child's sexual and social development. The second category includes all behaviors that the group did not decide unanimously fit into either of the other two categories.

All behaviors, sexual and otherwise, occur in context. The categorization of sexual behaviors is influenced by frequency, urgency or compulsive nature of the behavior; the extent to which the behavior can be modified by social constraints; and the extent to which the behavior is accompanied by developmentally unexpected aggression or coercion. These factors will influence whether a particular sexual behavior is seen as more serious.

Behaviors during the preschool years are subject to considerable variability, based on the children's age. Exploratory behaviors are more appropriate and very common in one- and two-year-olds and begin to disappear in three-year-olds, and are much less common in four-, five- and six-year-olds. Exploration in one- and two-year-olds is more of a physical nature; in three- to five-year-olds it becomes more visual.

It is essential that those observing sexual behaviors between children understand that the behaviors are interactional in nature. In assessing the behaviors, the role of both children and the nature of their interaction need to be considered. Thus, concern about all children involved -- the child who apparently initiates the sexual activity as well as the other participants -- is appropriate. Often in sexual interactions between a boy and a girl, the boy is automatically assumed to be the child initiating the activity, and this assumption may be incorrect in individual cases. Careful collection and evaluation of information should occur before any decision is made regarding the initiator.

Category I -- Developmentally Expected

These behaviors, when they occur infrequently, are unlikely to raise concerns about the development of the children who initiate them. They may, however, be inappropriate in a preschool setting, and the program might want to discourage them. These behaviors are:

- Repeating sexual or bathroom language the child has heard.
- Solitary masturbation.
- Curiosity/exploratory behaviors: exposing one's genitals, undressing, showing off one's undressed body (especially under age three), inspecting bodies of other children (playing doctor), touching oneself or another child with one's hands.
- Kissing and hugging that are affectionate or part of role-playing, but are not accompanied by other factors (see the following *Fluid Nature Concerning Sexual Behaviors*). Open-mouthed French kissing does not belong in this category.
- Interest in bodily functions and reproduction.

Category III -- Behavior Suggesting Dysfunctional Development

Behaviors in this category, by their single occurrence, raise significant concerns about the development of the child. They may indicate that the child has been the victim of abuse or is currently being abused. The behavior is likely to be harmful to children who participate in them, and likely to be disturbing to children who observe them. Intervention is required both for the children who engage in these behaviors and those who observe it.

These behaviors include:

- Compliance in accepting intrusive and/or painful activity by another child.
- Engaging in self-inflicted painful sexual activity.
- Engaging in oral/genital contact with another child.
- Engaging in simulated/attempted/completed intercourse while undressed.
- Penetration of a girl's vagina with an object or finger.
- Forced penetration of any orifice in a child. The critical issue here is the forced nature of the behavior.

Category II -- Behavior That Doesn't Fit Into Category I or III

Behaviors were placed in this category for several reasons:

1. The group could not unanimously agree on the categorization of some behaviors. For example, some members felt that a child placing a finger or object in another child's anus should belong in Category III and others felt it should not.
2. The group generally agreed that there was insufficient information about the prevalence and developmental appropriateness of some behaviors, for example, French kissing.

Fluid Nature of Categorizing Sexual Behaviors

Child-to-child sexual behaviors may be categorized in a different category than outlined above (usually more severe) based on the context in which they occur. Below are some contextual factors that will move a behavior into a more severe category. A Category I or II behavior that occurs within one of these contexts will move to Category II and III, respectively.

Compulsive in Nature. Compulsive behaviors do not respond to social constraints, and are characterized by one or more of these factors:

- A child's particular sexual behavior becomes repetitive despite attempts by adults to restrain the behavior.
- The child is preoccupied with that *particular* type of sexual behavior.
- If one sexual behavior stops, it is taken over by another sexual behavior.
- The child is so preoccupied with sexual behaviors that these behaviors interfere with the child's other activities.
- The child tries repeatedly to involve other children in the sexual activity.

Occurs with developmentally inappropriate aggression. We know children at certain ages exhibit aggression as part of their social and physical development. When this aggression is manifest in some type of coercion -- threatening or intimidating another child -- or when it appears out of control, then it is developmentally inappropriate. Sexual behaviors that occur with aggression inappropriate for that child's age are more serious than those that involve no aggression.

Group II - Reporting and Response to Child-to-Child Sexual Behavior

This group was lead by Toni Cavanagh Johnson, PhD.

The overall mission of child care organizations is to provide a healthy, safe environment for children. Part of this responsibility includes constant, open communication with parents about behaviors in general, including sexual behaviors. All centers have methods for parent communication including conferences, newsletters, workshops, and bulletin boards. Information about sexual development and sexual behaviors needs to be part of this ongoing communication.

Much of the discussion of this group revolved around the roles and responsibilities of the children's program and the state's regulatory agencies, and potential liability on the part of a provider. Legal issues and regulatory reporting requirements differ from state to state, and local implementation of state rules differs widely. Regardless of these difficulties, this group felt every center has a critical responsibility to work very closely with parents. Clearly, this group did not resolve the issues between center responsibility to parents and children's safety, regulatory

agency reporting requirements, and liability concerns. But the consensus was to begin to try to work together with all involved to best serve the needs of the children.

Response to the Situation

When an incident of problematic child sexual behavior occurs, certain things should happen. It is recommended that this action be coordinated by a team, made up of the caregiver, director, and in larger organizations, Human Resources or other personnel.

1. Children should be separated.
2. Each child should be questioned. It is critical that the staff person who interviews the children is calm, objective, even-handed, and does not make preconceived decisions about what occurred and who perpetrated the activity.
3. Questioning of children should start with very general areas and move to specific items.

Based on these questions, several responses are possible:

1. No further action is taken, but the situation is actively monitored, and the teacher provides continuous updates to the director.
2. Need further information: more information needs to be collected before any kind of decision can be made (Johnson, 1991). Before reporting to the appropriate regulatory agency, accurate information needs to be collected:

    What was going on; what was the context?

    Where did the incident occur?

    What were the interventions?

    What is the child's normal range of behaviors in the center and outside the center?

    What is the ongoing behavior and activity of the child's parents and other adults in the child's life, including the overall home climate?

    Was coercion involved?

What was the child's motivation for the sexual behavior?

Based on the additional information, a plan is developed to determine the appropriate course of action: either the child's behavior is actively monitored, with frequent reports given to the director, or a report is given to the appropriate regulatory agency.

3. Report to the appropriate state regulatory agency. If there is a suspicion of child abuse, based on a child's coercive sexual behavior, the center needs to make a report. Both children involved should be reported. The report may read something like, "we are very concerned about the sexually aggressive behavior of the child. We're reporting it because it leads us to a suspicion of abuse of both children."

4. Provide for the health and safety of all children by increasing supervision, possibly isolating the suspected child, and even suspending the child, with recommendations to the child's parents for appropriate intervention and therapy.

5. Tell the parents. The most difficult issue in reporting and responding to suspected child abuse is telling parents: parents of the child, parents of other children directly involved, and parents of other children in the center. There was considerable discussion on this topic from many symposium participants. Issues that impact this very sensitive area are:

   - The center has a responsibility to all parents who use the center.
   - If the center does not inform parents, other parents will inform them, resulting in gossip, accusations, and possible ugly behavior toward specific parents. Much of the relationship between the center and parents of children the center serves is based on trust.
   - If the center informs the parent of the child who is suspected to be a victim of sexual abuse, these parents may withdraw the child and leave, then continue to abuse the child, and/or punish him/her. Further, these parents might feel defensive, even though the abuse may have been perpetrated by someone else in the community (teenager, other adult, etc.).

- If the state regulatory agency is left to contact the parents, it may take them too long, because of a very heavy workload. The child might be further abused during the time it takes for the agency to contact the parents.
- The center is still liable for protecting the health and safety of all children under their care, even when the center reports to the state agency.

While there was no resolution to this dilemma, it is recommended that the center work closely together with the regulatory agency to inform parents. The program must work closely with the state agency regarding informing parents where abuse in the home is suspected. Ultimately, the state agency must follow their policy, and the child care center must follow its policy.

Parents should be informed of the center's policy before they enroll their children. The policy might include something like, "we have to make a referral to the appropriate state agency under these circumstances." This policy must outline the center's responsibility to the parents. It may include something that states, "we cannot notify you about every incident because of Social Services' involvement. At times it may take us _____ hours to notify parents." Where children have been adversely affected by another child, the parents of the affected children have a right to know.

Suspicion of Abuse

Most states require child care providers and personnel to report to the designated state agency any "suspicion of abuse." The question is, how is the phrase to be interpreted?

This group felt that any sexual behavior by a child that falls into Category III (as outlined in the three identified categories) constitutes suspicion of abuse, and must be reported to the state regulatory agency.

Reporting Sexual Behavior

The group developed a response criteria to reporting child-to-child sexual behaviors, recognizing three levels of behaviors:

1. Developmentally acceptable
2. Questionable
3. Worrisome.

Behaviors in the questionable category should be further examined by questioning all involved, including children and other staff. Once the further examination is completed, the behavior should be moved into the Developmentally Acceptable or Worrisome category. No behavior should remain in the middle category.

The initial three categories are created to help child care workers make immediate decisions about the behaviors and respond immediately to those behaviors, so that the program can be fully responsive, in a timely manner, to child care workers' concerns. Part of this response is to report to the child care organization's administrative authority.

Worrisome Behavior

Response to worrisome behavior should be to develop a plan that includes four elements:

- Behavior management
- Communication
- Education
- Overall design.

1. Behavior management

   A behavior management plan for the child needs to be developed, with specific behavioral goals, implementation strategies, and negative and positive reinforcement. A team approach is used to develop the plan, and the child's parents should be an active part of the team by helping to select its members.

2. Communication

For the other three elements of the plan to succeed, communication between all involved needs to be frequent and consistent. Critically, if many different agencies are involved, each agency must work closely with the others and make sure communication to the parents is consistent.

3. Education

Educate the child about appropriate sexual behavior, correct and accurate words and information, etc. It is critical that this education is unbiased and objective, and focuses on reinforcing the child's self-esteem.

Education must also include parent education (at monthly meetings, workshops, etc.) about expected sexual behaviors at this age, and risk factors of which they should be aware. This parent education should include how to address issues around sexuality at home.

Finally, education should include educating all agencies that come into contact with the child. Whomever has the most information must take it upon themselves to educate the others. Because there is a general dearth of information about children's sexual development, everyone working with children has a responsibility to educate others.

4. Overall Design

The overall design of intervention should focus on these principles:

a. Identify specific needs in the context of the whole child, not just sexualized behavior.

b. Intervention needs to be specific to the setting where the child is a participant, while being coordinated with other settings, such as the home.

c. If other agencies are already working with the child, an overall, coordinated approach is needed.

d. Include a clear set of goal attainments and careful monitoring of behaviors.

Recommendations of Group II

1. Every center should have a policy that provides for a safe environment for healthy child development, including healthy sexual development.
2. Every center should have ongoing contact with all parents regarding children's behavior and development, including sexual behavior and development.
3. Parents should be informed by the center, at the time of enrollment, about the center's own policy toward children's problematic sexual behaviors, and about the center's legal requirement to report to the appropriate state agency.
4. Center staff should receive training that includes:
   a. appropriate sexual development of children,
   b. problematic sexual behaviors of children, and
   c. appropriate response to problematic sexual behaviors of children.
5. Every center needs a policy regarding responding to children's sexual behaviors, both developmentally appropriate sexual behaviors and problematic sexual behaviors. This policy must include a procedure documenting the problematic behavior, to be filed in the child's medical file, questions and ideas to help staff respond to the individual child, and legal and program requirements of reporting to the state agency.
6. Each child care program should develop an active, ongoing relationship with all community agencies that become involved with issues of problematic child sexual behaviors, including regulatory agencies. This agency relationship should be at a higher level than an agency case worker.
7. The director or administrator of each child care center must establish an ongoing system of communication and support within the center, to enable everyone to explore issues around child sexuality that may cause uncertainty, discomfort or confusion.
8. Submit to child care licensing a bibliography of material related to children's sexual behaviors, covering appropriate sexual behaviors,

developmental stages in sexual development, and problematic sexual behavior, as a recommendation for inclusion in licensing requirements.

9. Conduct further empirical research on issues of young children's sexual behaviors, including milestones, cultural influences, and interaction between sexual development and other developmental stages.
10. Create a universal bathroom policy. Many of children's sexual behaviors occur in the bathroom.

Group III - Training Issues

This group, lead by Peggy Brick, carefully addressed topics surrounding teaching staff and directors how to support healthy sexual development in young children, and how to respond appropriately to child-to-child sexual behaviors. The range of challenges this group addressed includes who should do the training, how the training should be done, the need for resources and additional research, and goals of the training.

Overall Objective

The overall objective of any training in this area is the development of sexually healthy adults. Training should enable providers to support children's healthy development toward this goal.

Specific Training Objectives

Training on child-to-child sexuality for early childhood personnel should:

- Enable children to ask questions about sex, and to talk openly about sexual issues, confusions, and concerns.
- Teach children to feel good about their own bodies, including their sexual parts.
- Teach children to feel good about their gender.
- Teach children to be able to say "no" to inappropriate touching, and teach them assertiveness skills.
- Teach children to be responsible for appropriate touching of other children.

All training in child development should include, rather than exclude, children's sexuality issues. This subject should be carefully integrated into existing courses and curricula; it should not be taught as an isolated topic. The content of this training should cover children's questions, attitudes, language and behaviors that are both developmentally healthy and appropriate, and those that are problematic. The training then needs to address appropriate and supportive responses to these issues.

All agencies involved with the training of child care teachers and providers should be solicited to implement this kind of training. The National Association for the Education of Young Children, Head Start, National Child Care Association, Child Welfare League, and other agencies and organizations should integrate training about children's healthy sexual development into all the training they provide.

Specific Training on Child-to-Child Sexuality

Unfortunately we do not have a cadre of child care professionals who have received information about child-to-child sexual behaviors in their normal, job-related coursework. Even though we recommend that training be integrated into overall child care education, we do need some specific training for people currently working with children under six -- directors, teachers, social workers, regulatory agency staff and others. This group recommends two levels of training: core training and advanced training.

Core Training

This training module should be designed to help adults support children's healthy sexual development. It must provide a climate that allows staff to explore their own issues around this topic, and encourages participants to discuss this topic in depth. Accurate information must be provided, and participants should learn appropriate language to use. A cross-cultural, accepting and supportive approach is needed for the training to be effective.

While the goals of this training are the same as those explained above, specific content should:

- Help children understand our society's mixed messages about sex and sexual behaviors.

- Help adults understand that their responses to child-to-child sexual behaviors are greatly influenced by their own background surrounding sexual issues.
- Teach specific stages of children's sexual development and what constitutes developmentally appropriate sexual behaviors.
- Teach ways parents can respond positively to appropriate sexual behavior of their children.
- Teach participants the specific reporting requirements for their state, and how to legally meet these requirements.
- Teach the policy of the agency or child care center in responding to problematic child-to-child sexual behaviors.
- Teach specific responses both to children's appropriate behaviors (questions, language, behaviors) and to problematic behaviors.
- Teach child care providers how to work closely with parents.

It is fundamental that the core training concentrate on children's healthy sexual development, how it occurs, and how staff can support it. While learning to respond to problematic sexual behaviors is important, it must not be the central focus of the training.

Method of Core Training Module

As indicated earlier, it is critical that this training is conducted in an open, supportive atmosphere. Participants should feel free to respond to issues of concern, confusion or disagreement; if there are issues brought up in the training that bother a participant, he/she must be able to respond anonymously.

Also, teachers should learn how to use teachable moments to support healthy, appropriate sexual behaviors. Role playing, case studies, and rehearsing responses to appropriate and problematic child-to-child behaviors must be part of this training.

Advanced Training

Advanced training should build onto the core training. It should be more in depth, more complex, and cover a wider range of issues and problems. Case studies,

role playing and rehearsals should be used in this training. Participants should explore possible responses to complex scenarios.

Training Evaluation

It is critical that all training in child-to-child sexual behaviors be consistently and periodically evaluated. Results of this evaluation should then be used to upgrade and modify the training.

Training evaluations should include:

- Peer review of the training module.
- Review of whether the training is culturally and ethnically sensitive and responsive.
- Assessment of whether certain competencies have been acquired:
  - knowledge
  - attitude
  - skills
  - performance ability.

Parent Involvement in Training

Parents are a critical component in addressing child-to-child sexual behaviors in child care settings. They need to know the kind of training staff are receiving, the program's specific policies toward healthy sexual development in children, and the program's responsibilities to report to regulatory agencies. Also, parents themselves need information and resources to know what constitutes developmentally appropriate sexual behaviors in children.

Whatever process the center develops to support children's healthy sexual development, such as responding openly and accurately to children's questions, needs to be communicated to parents, and supported by them. Parents should be included in developing these center-wide policies.

Recommendations of Group III

- Develop specific information describing appropriate sexual development of children, infants to age six.

- Conduct empirical research:
  - describing sexual development
  - addressing cultural and ethnic variables
  - addressing the relationship between sexual development and other stages of development.
- Develop a cadre of professionals trained in this field.
- Develop a comprehensive set of resources and a bibliography. This package must cover the entire range of children's sexual behaviors, stressing healthy sexual development, developmental stages, and strategies to be used by staff to support healthy sexual development in children.
- Include state regulatory agency staff and other community professionals in child-to-child sexual behavior training.

SYMPOSIUM SUMMARY

Pat Schene, PhD., briefly summarized the three-day, child-to-child sexual behavior symposium. She addressed issues, ideas and concepts covered, achievements of the symposium, and contributions to the field.

- Addressing the complex issues surrounding child-to-child sexual behaviors within early childhood settings requires a multi-disciplined approach. A variability of skills, experience and knowledge is needed to adequately address all the issues involved.
- Our society's views of sexuality, in general, greatly impacts how we view sexuality, and how we view child-to-child sexual behaviors.
- We lack adequate and accurate information to develop the policies we need and the direction we seek to fully address this topic.
- In grappling with issues surrounding child-to-child sexuality (policies, training, reporting, developmental stages, problematic behaviors, and supporting healthy development) we must reflect the cultural and ethnic diversity that makes up this country.
- There is a lack of consensus between professional groups as to the appropriate ways to respond to the diversity of issues this topic raises.

- All participants of the symposium agree on the importance of addressing the range of challenges surrounding child-to-child sexual behaviors in child care settings.
- The symposium has defined critical areas around this topic and suggested various approaches:
  1. Critical Areas:
     - When is child-to-child sexual behavior harmful?
     - While children experience pleasure from some sexual interactions, this fact alone doesn't determine if the behavior is harmful or not.
     - The context surrounding sexual behavior is a critical and complex part of our understanding the behavior.
     - Is sexual behavior among preschoolers increasing, or just being reported more frequently?
     - What is developmentally appropriate sexual behavior of children under six, and what constitutes problematic behavior?
  2. Suggested Approaches:
     - There is a critical need for research on a vast range of issues related child-to-child sexual behaviors.
     - We must view child sexual behavior in the light of other kinds of behavior.
     - Why do we differentiate sexual abuse of children from physical abuse of children?
     - We need to be able to define appropriate sexual development and stages of sexual development before we can fully understand problematic sexual behaviors.
     - We need to be able to relate stages of sexual development with other developmental stages, especially stages of moral development.
     - We need to stress appropriate, healthy sexual development, and not concentrate on problematic sexual behaviors.

- We have a real concern about the words used to label children: normal, abnormal, victim, abuser, etc., so extreme care must be taken when discussing children involved in sexual behaviors.
- In the field, there seems to be a tension between protecting the health and safety of children, and supporting appropriate sexual development.
- There is also a tension between reporting child-to-child sexual behaviors to regulatory agencies and providing appropriate intervention, including working closely with parents.

Despite our concerns, areas of divergence and lack of information, we still believe the critical nature of this topic demands that we move cautiously forward, sensitive to the issues, limitations and concerns articulated by symposium participants.

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Sources of Information

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Sex Information and Education Council of the U.S.
130 West 42nd Street, Suite 2500
New York, NY 10036

Kempe National Center
1205 Oneida Street
Denver, CO 80220

The Center for Family Life Education
Planned Parenthood of Greater Northern New Jersey
575 Main Street
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APPENDIX

PARTICIPANTS AND OBSERVERS

PARTICIPANTS

Kittie Arnold, MSW, Social Services Division Manager, Arapahoe County, Colorado. Kittie works in the area of assigning and investigating cases, training and intervention.

Jo Blum, Executive Director of Families First, a family resource and crisis center in Denver. She has worked with the Kempe Center in helping caregivers understand sexual behavior in children and providing a safe environment for children.

Barbara Bonner, PhD., Director of Child Abuse Education and Research at the University of Oklahoma Children's Hospital.

Peggy Brick, Director of Education at Planned Parenthood for Greater Northern New Jersey. Peggy is concerned with the healthy sexual development of children through the development of a program called Healthy Foundations. Peggy's focus is helping child care centers nationwide to promote positive responses in teachers as well as to help them respond appropriately to sexual behaviors in children.

Sandra Bright, President of the Colorado Child Care Association, representing 415 centers in Colorado, including Children's World Learning Centers. Sandra is also a representative of the National Child Care Organization.

Hendrika Cantwell, M.D., Clinical Professor of Pediatrics at the University of Colorado Health Sciences Center. Dr. Cantwell has been a pediatrician in Denver since 1952. During that time she has examined, consulted and appeared in court for thousands of children who were alleged to have been abused in Denver. She is currently a part-time consultant to the Colorado State Department of Social Services, as an expert in the areas of child abuse and neglect.

Carolyn Cunningham, PhD., Clinical Director at Long Beach Memorial Hospital, Child Protection Center, which provides multi-disciplinary team approach to the evaluation and treatment of child abuse. Carolyn has co-authored several publications on children who molest children, and treatment strategies for young children, ages 5 to12.

Noy Davis, a lawyer with the American Bar Association, Center on Children and the Law. Prior to this position, Noy Davis represented children and families in civil child protective cases in the District of Columbia.

Alison S. Gray, PhD., heads the STEP program, providing a five-year treatment study working with children, ages 6 to 12, who display sexually reactive and aggressive behavior. The program takes a multi-disciplinary approach to mainstreaming treatment of services.

Jeffrey Haugaard, PhD., Assistant Professor, Department of Human Development and Family Studies at Cornell University. Dr. Haugaard has focused on research in the area of child sexual abuse and children as witnesses.

Toni Cavanagh Johnson, PhD., is a licensed clinical psychologist in private practice in South Pasadena, California. She has written publications on children, sexualized children and children who molest. Dr. Johnson consults with school districts on children molesting children.

Laura Merchant, Director of the Harvard Sexual Assault Center in Seattle, Washington. This agency provides clinical evaluations and treatment to victims of sexual abuse, many of whom have sexual behavior problems.

Kimberly B. Moore, M.Ed., Vice President of Education, Children's World Learning Centers.

Gail Ryan, Facilitator of the Perpetration Prevention Project at the Kempe Center. She is responsible for the treatment of sexually abusive youth and is interested in learning about their early childhood development. She has studied primary and secondary levels of prevention and developed curriculums regarding the sexual behavior of children that have been used by teachers and caregivers nationally.

Patricia Schene, PhD., Director of the American Humane Association, Children's Division. Dr. Schene has been instrumental in positioning the American Humane Association as a national leader in the child welfare field through comprehensive programs and evaluations for Child Protective Services, and development of effective systems of response to abused and neglected children and their families. She serves on many national boards of directors, including the National Association of Public Child Welfare Administrators.

Carol Walker, supervisor of one of the Child Sexual Mistreatment programs at the Los Angeles County Department of Children's Services. Carol is a therapist working with this population, and is involved in making sure that the response of front-line workers to children who are sexually mistreated is in the child's best interest.

Vickie Young, Program Manager for Family Preservation in the Department of Human Resources in Maryland, which includes the Child Protective Services and the Kinship Program.

OBSERVERS

Joyce Anderson, Education Department, Children's World Learning Centers.

Sharon Archer, Regional Manager for Children's World Learning Centers. Sharon represents the managers and teachers of Children's World Learning Centers in Colorado.

Diane Baird, MSW, works at The Kempe Center, primarily focusing on mothers and infants in the area of sexualized attention and its effect on the development of children's sexual adaptation.

Jane Beveridge, Child Protection Services Administrator with the Colorado Department of Social Services.

Joanne Fujioka, Special Education Administrator for Jefferson County (Colorado) Public Schools, which serves 82,000 students. Joanne works with emotionally disturbed students, and has noticed an increase in children who are sexually abusive and active which often causes problems in the classroom.

Candace Grosz, MSW, Program Director of the RECAP Program at the Kempe National Center and works with Colorado Child Protection Services in the Department of Social Services. She treats child victims of extra-familial abuse, and is involved with training and family evaluation, and oversees some of the resource center activities.

Joan Suzuki Hart, MSW, is a social worker for The Way Station in Parker, Colorado. Joan has experience in dealing with child-to-child sexual behaviors within the family. She is actively involved with the Kempe Center working to resolve those issues.

Clare Haynes-Seman, PhD., Developmental Psychologist at the Kempe Center Family Evaluation Center.

Pam Hinish, Director of the Central Registry for Child Protection in Colorado. Pam is involved in recording children as perpetrators of child sexual abuse in the central registry.

Michele Kelly, PsyD., RECAP Program, at the Kempe Center in Denver.

Ruth Kempe, M.D., Child Psychiatrist with the Kempe Center for 20 years. Dr. Kempe is experienced in prevention and treatment strategies.

Chris Labonav-Rostovsky, LCSW, works for Redirecting Sexual Aggression, an agency that treats children and adults that have been involved in sexually abusive behavior.

Duane Larson, President of Children's World Learning Centers, a child care provider serving over 75,000 children in 24 states. Under Mr. Larson's leadership, Children's World Learning Centers consistently subscribes to established high quality standards, such as NAEYC Accreditation criteria.

Janet Motz, MSW, Program Administrator for the Office of Child Welfare Services in the Colorado Department of Social Services. She is responsible for the development of special projects in child protection and writes, administers and directs federal grants. Janet Motz is also responsible for the state's programs for prevention and investigation of child abuse in out-of-home care.

Lynne Osheim, is an administrator in two primary schools in Douglas County, Colorado.